



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art Unit: 2177
Examiner: Greta Robinson

RECEIVED

SEP 23 2004

September 17, 2004

Technology Center 2100

Customer Assignment No. 027516
Serial No.: 09/495,492
Filed: February 01, 2000
In re Application of: Charles A. Hanson et al.
Title: SPECIAL DEVICE ACCESS TO DISTRIBUTED DATA
Docket No.: UNI6-BI57 / 04MV1093

Commissioner of Patents
P O Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Madam:

Transmitted herewith is a response to a Restriction Requirement for this application. Applicant is other than a small entity.

EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 C.F.R. §1.136 apply.

(a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d)) for the total number of months checked below:

Extension (months)	Fee for other than small entity
<input type="checkbox"/> one month	\$ 110.00
<input type="checkbox"/> two months	\$ 420.00
<input type="checkbox"/> three months	\$ 950.00
<input type="checkbox"/> four months	\$1,480.00
<input type="checkbox"/> five months	\$2,010.00

Fee \$

If an additional extension of time is required, please consider this a petition therefore.

An extension for ___ months has already been secured and the fee paid therefore of \$___ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a petition for extension of time.

SEP 23 2004

FEES

Technology Center 2100

The fee for Claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

FEE FOR CLAIMS CALCULATION			
Claims Remaining After Amendment	Highest No. Previously Paid For	Rate	Additional Fee
Total Claims _____	(if < 20, enter 20) _____ = _____ X	\$18.00	\$
Independent Claims _____	(if < 3, enter 3) _____ = _____ X	\$86.00	\$
First Presentation of Multiple dependent claims if any	+		\$
Filing fee calculation			\$

Total additional fee for Claims required \$
 No additional fee for claims is required.

FEE PAYMENT

If any additional extension and/or fee or any additional fee for claims is required, charge Account No. 19-3790.

A duplicate of this transmittal is attached.

Respectfully submitted,

Beth L. McMahon

Beth L. McMahon
Reg. No.: 41,987
Tel. No.: (651) 635-7893
Unisys Corporation
M.S. 4773
P.O. Box 64942
St. Paul, MN 55164-0942

I hereby certify that this correspondence is being deposited in the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450 on September 17, 2004.

Beth L. McMahon
Attorney for Applicants
Beth L. McMahon
Signature

September 17, 2004
Date of Signature